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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application or Doctor Number Application or Doctor Number											
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUMB	ABER FILED NUMB		ER EXTRA		RATE	FEE]	RATE	
BASIC (37 CF)	FEE R 1.18(a))			•			10116	\$	1	·	FEE
TOTAL	CLAIMS R 1.18(c))		minus 20 a			1			OR	<u> </u>	<u> </u>
INDEP	ENDENT CLAI	MS				1	X \$=		OR	× s	
(37 CFR 1,18(b)) mlnus 3 = -				l	X \$=		OR	x s=			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$ =		OR	+5=	
"If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
1) // (Jackaims as amended - Part II											
		(Column 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR		R THAN ENTITY
NT A	B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT	Total SFCFR 1,15(c))	· q	Minus	20	. 5		X \$_ =	FEE	OR .	xs =	FEE
EN	ndependeni 37 CFR 1;16(b))	· 2~	Minus	".3	•		x \$ 4		ÓR .	x s	
₹ ,	FIRST PRESENT	ATION OF MULTIPU	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	11		· -	OR		
						י נ	TOTAL			TOTAL	<u> </u>
KCE							ADD'L FEE		OR	ADD'L FEE	
(Column 1) (Column 2) (Column 3)									ı		
AMENDMENT B	Plop	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₹ ₀	Total P CFR 1.16(c)	2	Minus	20	*		x s =		OR	xs •	FEE
EN EN	ndependent IF CFR 1,16(b))	. 2	Minus	"3			x s_ =		OR	x s =	
FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))							+;				
							TOTAL ADD'L FEE		OR OR	TOTAL ADD'L FEE	
·		(Cotumn 1)		(Column 2)	(Column 3)				•	•	
CINT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
N N	Total FOFR 1.16(c)	•	Minus	**	8		x \$ -		OR	x s =	FEE
AMENDMENT	ndependent IF CFR 1,15(b)	•	EuniM	***	•		X\$_ =		OR .	x s	
₹ F	FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))						+5		OR OR		
							TOTAL			TOTAL	
# If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											

"If the "Highest Number Previously Paid For" In THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in cotumn 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.